

Being first duly sworn on oath, deposes and says:

- 1. I make this affidavit as a "successor" as defined in RCW 11.62.005. I am entitled to the claimed property by virtue of the laws of intestate succession in Washington. My full name and address are as follows:
- 2. The decedent, \_\_\_\_\_\_, DOC number, \_\_\_\_\_, was a resident of the State of Washington on the date of death.
- 3. The value of the decedent's entire estate subject to probate, not including any surviving spouse/ state registered domestic partner's community property interest in any assets which are subject to probate in the decedent's estate, wherever located, less liens and encumbrances, does not exceed one hundred thousand dollars (\$100,000.00).
- 4. More than 40 days have elapsed since the death of the decedent.
- 5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 6. All debts of the decedent, including funeral and burial expenses, have been paid or provided for.
- 7. A description of the personal property and the portion thereof claimed is as follows:
- 8. I have given written notice, either by personal service or by mail, identifying my claim and describing the property claimed to all other successors of the decedent, and at least 10 days has elapsed since the service or mailing of such notice.
- 9. I am personally entitled to full payment or delivery of the property claimed or am entitled to full payment or delivery thereof on the behalf and with the written consent of all other successors who have an interest therein.

State of	_ County of		
Subscribed and sworn to/affirmed before m	e this day of	, 20	by:
Name	Signature		
	Notary Public My commission expires:		

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Distribution: **ORIGINAL** - Imaging file **COPY** - DSHS Office of Financial Recovery